

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM 103B

SERIAL NO.
101067365
APPLICANT'S

FILED DATE
4/13/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1	1		
2				1		
3				1		
4				1		
5				1		
6				2		
7				2		
8				2		
9				1		
10				1		
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TOTAL IND.			2	17		
TOTAL DEP.						
TOTAL CLAIMS			19			

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BEST AVAILABLE COPY